



As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SINTERED METAL ROTOR OF A ROTARY PISTON PUMP

the specification of which (check only one item below):

☐ is attached hereto.

☐ was filed as United States application

Serial No. _____

on _____

and was amended

on _____ (if applicable).

☒ was filed as PCT international application

Number: **PCT/DE2004/001239**

on **June 16, 2004**

and was amended under PCT Article 19

on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information which is material to patentability as defined in § 1.56, Title 37, Code of Federal Regulations.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 or 365 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119 OR 365:

COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED
Germany	103 29 495.3	30 June 2003	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

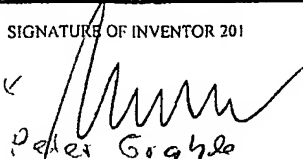

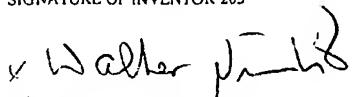
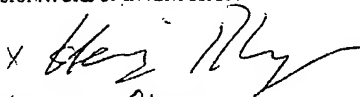
COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)				ATTORNEY'S DOCKET NUMBER GRAHLE, P. ET AL - 2 PCT	
I hereby claim the benefit under Title 35, United States Code, Section 119(e) of any United States provisional application(s) listed below.					
(Application Number) _____		(Filing Date) _____			
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclose in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information material to patentability as defined in §1.56, Title 37, Code of Federal Regulations, which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:					
PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:					
U.S. APPLICATIONS			STATUS (Check One)		
U.S. APPLICATION NUMBER	U.S. FILING DATE		PATENTED	PENDING	ABANDONED
PCT APPLICATIONS DESIGNATING THE U.S.					
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)			
POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or agent(s) associated with					
Customer number 25889					
to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.					
Send Correspondence to:		COLLARD & ROE, P.C. 1077 Northern Boulevard Roslyn, New York 11576		Customer No. 25889	
				Direct Telephone Calls to: (name and telephone number) (516) 365-9802	
2	FULL NAME OF INVENTOR	FAMILY NAME GRAHLE	FIRST GIVEN NAME PETER		SECOND GIVEN NAME
0	RESIDENCE & CITIZENSHIP	CITY Feldbrunnen	STATE OR FOREIGN COUNTRY Switzerland		COUNTRY OF CITIZENSHIP Germany
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS Steinenbergstrasse 9	CITY CH-4532 Feldbrunnen		STATE & ZIP CODE/COUNTRY Switzerland
2	FULL NAME OF INVENTOR	FAMILY NAME HALDEMANN	FIRST GIVEN NAME PETER		SECOND GIVEN NAME
0	RESIDENCE & CITIZENSHIP	CITY Grenchen	STATE OR FOREIGN COUNTRY Switzerland		COUNTRY OF CITIZENSHIP Switzerland
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS Lerchenweg 14	CITY CH-2540 Grenchen		STATE & ZIP CODE/COUNTRY Switzerland

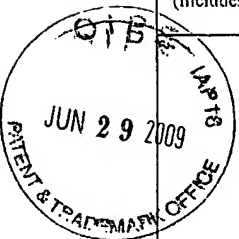
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	RESIDENCE & CITIZENSHIP	CITY Olten	STATE OR FOREIGN COUNTRY Switzerland	COUNTRY OF CITIZENSHIP Switzerland
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Maienstrasse 12	CITY CH-4600 Olten	STATE & ZIP CODE/COUNTRY Switzerland
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME RHYN	FIRST GIVEN NAME HEINZ	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Grossaffoltern	STATE OR FOREIGN COUNTRY Switzerland	COUNTRY OF CITIZENSHIP Switzerland
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

<p>SIGNATURE OF INVENTOR 201</p> <p>✓  Peter Grahle</p>	<p>SIGNATURE OF INVENTOR 202</p> <p>×  Peter Waldmann</p>
<p>DATE</p> <p>✓ 12.05.09</p>	<p>DATE</p> <p>× 22.04.09</p>
<p>SIGNATURE OF INVENTOR 203</p> <p>×  Walter Ninnist</p>	<p>SIGNATURE OF INVENTOR 204</p> <p>×  Heinz Rhy</p>
<p>DATE</p> <p>× 26.05.09</p>	<p>DATE</p> <p>× 08.06.09</p>
<p>SIGNATURE OF INVENTOR 205</p>	<p>SIGNATURE OF INVENTOR 206</p>
<p>DATE</p>	<p>DATE</p>



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		GRAHLE	PETER		
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		Feldbrunnen	Switzerland		Germany
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		Steinenbergstrasse 9	CH-4532 Feldbrunnen		Switzerland
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		HALDEMANN	PETER		
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		Grenchen	Switzerland		Switzerland
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY		STATE & ZIP CODE/COUNTRY
		Lerchenweg 14	CH-2540 Grenchen		Switzerland

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X *Albert Friesen*

X *Stanislaus Russ*

X *28.01.2009*

X *28.01.2009*

Albert Friesen

Stanislaus Russ